

California High School Exit Examination (CAHSEE) Review Process for Proposed CAHSEE Variations

Background: A variation in administering the CAHSEE means a change in how a test is presented, how a test is administered, or in how a test taker is allowed to respond. If the variation changes what is being assessed or affects the comparability of scores, it is considered a modification. If the variation does not change what is being assessed or does not affect the comparability of scores, it is considered an accommodation. A student must be permitted to take the CAHSEE with any accommodation or modification listed in his or her Individualized Education Program (IEP) or Section 504 Plan. Title 5 of the California Code of Regulations (CCR), Sections 1217 (b) and (c) list common accommodations and modifications. A matrix of accommodations and modifications is also posted on the CAHSEE Internet web site (see below for CAHSEE Internet web site address).

Purpose of review process: In some instances, an IEP or Section 504 Plan might list a variation that has not been previously categorized as either an accommodation or a modification. In this case, the school district can request from the California Department of Education a determination of whether the variation is an accommodation or a modification.

If a student takes a section of the CAHSEE using a modification and receives a score of 350 or higher, the score report will be marked “not valid” because the modification changes what is being assessed. The district may then submit a request to the State Board of Education to waive the requirement to successfully pass that section of the CAHSEE. (See the waiver policy, waiver forms, and waiver instructions at www.cde.ca.gov). Due to recent legislation, effective January 1, 2003, at a parent’s or guardian’s request, the school principal must submit a waiver request of the requirement to successfully pass one or both sections of the CAHSEE to the local school district governing board.

Directions

1. Use this form to request a review of any proposed variation in the testing environment or process that is not included in the accommodations and modifications listed in the California Code of Regulations for CAHSEE (<http://www.cde.ca.gov/ta/tg/hs/accomod.asp>).
2. Do **not** submit the student’s name or any other information that would identify the student on the IEP, Section 504 Plan, or medical records.
3. **Complete the form and return the original and one copy to:**

California Department of Education, Standards and Assessment Division
California High School Exit Examination Office
P.O. Box 944272
Sacramento, CA 94244-2720

California High School Exit Examination (CAHSEE)
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 (Title 5, CCR, Section 1218)

SECTION I

School District, County Office of Education, or Charter School Name:	County/ District Code:						
Street Address:	City:	Zip:					
Name of Requester:	Telephone: ()	FAX: ()					

SECTION II

Student's Plan (Place an 'X' in the appropriate box.):	<input type="checkbox"/> IEP	<input type="checkbox"/> 504					
	MO	DAY	YEAR				
Start Date of Student's IEP/504 Plan (valid for 12 months):					2	0	

SECTION III

a. Indicate with an 'X' the category for each requested variation(s) for the <u>Mathematics</u> section of the CAHSEE and provide a description of the proposed variation(s).				
Presentation	Response	Setting	Timing	Describe the proposed variation (Please be specific).

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b. Indicate with an 'X' the category for each proposed variation(s) for the English-language arts section of the CAHSEE and provide a description of the proposed variation(s).

Presentation	Response	Setting	Timing	Describe the requested variation (Please be specific).

c. Explain how the proposed variation(s) would allow the student to access the CAHSEE.

SECTION IV

CERTIFICATION: I certify that the information provided on this form is complete and accurate. I also certify that the IEP/504 Plan Team has determined that the variation(s) requested is (are) appropriate and necessary to address the student's identified disability(ies).

Print Name of the Authorized District Representative:	Telephone: ()	FAX: ()
Signature of the Authorized District Representative:		Date: